

TEACHERS' RETIREMENT SYSTEM OF KENTUCKY

GARY L. HARBIN, CPA
Executive Secretary
(502) 848-8500



SERVING KENTUCKY TEACHERS SINCE 1940

ROBERT B. BARNES, JD
Deputy Executive Secretary
Operations and General Counsel
(502) 848-8500

J. ERIC WAMPLER, JD
Deputy Executive Secretary
Finance and Administration
(502) 848-8500

MEMORANDUM

TO: KTRS Retirees

FROM: KTRS Insurance Department

RE: Dropping Dependents

Outside of open enrollment, retirees may be allowed to drop a spouse and/or dependents from their plan ***IF a qualifying event (QE) has occurred and the required application/form is signed within 35 days.*** Please see the attached QE Chart.

If a qualifying event has occurred, you should complete the attached “2012 Dependent Drop Form” to make the appropriate change and return it ***with the required documentation*** (see QE Chart). Be mindful of the date you sign to avoid double coverage or a lapse of coverage, but ***no later than 35 days*** from the qualifying event.

NOTE: If your qualifying event allows you to change your Option (Standard PPO, Capitol Choice, Optimum PPO), and you desire to do so, you must download and complete an ***application*** instead of a 2012 Dependent Drop Form.

If you have any questions, please contact this office.

QUALIFYING EVENT (QE) CHART WITH DOCUMENTATION REQUIREMENTS TO DROP/TERMINATE						Rev 2/2012
Event	Allowed Changes	Event Date	Signature Deadline	Effective Date	FORM REQUIRED	DOCUMENTS REQUIRED
Change in Legal Marital Status						
Marriage	<ul style="list-style-type: none"> - Waiving coverage or Dropping Dependent(s) if Retiree gains coverage under Spouse's plan - Make Plan Option change if dropping Dependent(s) <i>10</i> 	Date other group Health Insurance coverage is gained under Spouse's plan	35 calendar days from the Event Date	End of the month of signature date	Enrollment Application (to waive) OR Drop Form	1 or 2 (on pg 2)
Divorce, Legal Separation or Annulment	<ul style="list-style-type: none"> - Drop Spouse - Drop Dependent(s) if gaining coverage under Spouse's plan - Drop Dependents who cease to meet eligibility requirements (children of former Spouse no longer eligible) - Changing Plan Option <i>10</i> 	Date the divorce decree, annulment or legal separation is entered by the court	35 calendar days from the Event Date (former spouse will be dropped even if deadline is missed)	End of the month in which divorce decree, legal separation or annulment occurred	Drop Form	3, 4 or 5 (on pg 2)
Spouse's Death	<ul style="list-style-type: none"> - Dropping deceased spouse from the plan - Changing Plan Option <i>10</i> 	Date of death	35 calendar days from the Event Date	End of the month of the Spouse's death (the new plan, if applicable, will be effective the first day of the following month, regardless of whether the 35 day deadline is met)	Drop Form	None
Change in Number of Dependents						
Dependent's Death	<ul style="list-style-type: none"> - Dropping deceased dependent from the plan - Changing Plan Option <i>10</i> 	Date of death	35 calendar days from the Event Date	End of the month of the Dependent's death	Drop Form	None
Judgment, Decree or Administrative Order relating to health coverage for child	<ul style="list-style-type: none"> - Drop child if order stipulates that coverage is to be provided by the other parent 	Date order is signed by the judge	35 calendar days from the Event Date	End of the month in which the child ceases to meet plan eligibility	Drop Form	6 (on pg 2)
Change in Spouse or Dependent Employment Status						
Spouse or Dependent <u>gains</u> other Employer-Sponsored health coverage	<ul style="list-style-type: none"> - Dropping Retiree, Spouse and/or Dependent(s) who become covered under Spouse's or Dependent's health plan - Changing Plan Option when <i>10</i> dropping Spouse or Dependent(s) 	Date other coverage begins	35 calendar days from the Event Date	End of the month of signature date *This may be signed before the Event Date	Enrollment Application (to waive) OR Drop Form	1 or 2 (on pg 2)
Change in Dependent Eligibility						
Dependent ceases to satisfy plan eligibility requirements (on account of age or becoming <u>eligible</u> for health insurance through full-time employment)	<ul style="list-style-type: none"> - Dropping ineligible dependents from the plan - Changing Plan Option if dropping Dependents <i>10</i> 	Date Dependent ceases to satisfy plan eligibility or date other coverage begins	35 calendar days from the Event Date (ineligible dependents will be dropped even if deadline is missed)	End of the month of loss of eligibility or end of the month of signature date on Certification of Dependent Eligibility (if proof of other coverage is not submitted)	Drop Form OR Certification of Dependent Eligibility (stating ineligible)	None (if due to Age) OR 1 or 2 (on pg 2)

Change in Coverage Under Employer Plan						
Retiree or Spouse has different Open Enrollment Period	- Dropping Retiree, Spouse or Dependent(s) if Retiree or Spouse were enrolled during Open Enrollment period	Last day of the other group's Open Enrollment Period	35 calendar days from the Event Date	Same as the Effective Date of the other group's election	Enrollment Application (to waive) OR Drop Form	7 (below)
Other Events						
Retiree, Spouse or Dependent becomes entitled to Medicare (Parts A, B or D)	- Dropping Retiree, Spouse and/or Dependent(s), if person becomes eligible and enrolled in Medicare - Changing Plan Option if dropping Spouse or Dependent <i>10</i>	Date Medicare becomes effective	35 calendar days from Event Date	End of the month of signature date	Enrollment Application OR Drop Form	8 (below)
Retiree, Spouse or Dependent becomes entitled to Medicaid (gaining KCHIP is not a valid QE)	- Dropping Retiree, Spouse and/or Dependent(s), if person becomes eligible and enrolled in Medicaid - Changing Plan Option if dropping Spouse or Dependent <i>10</i>	Date Medicaid becomes effective	60 calendar days from Event Date	End of the month of signature date	Enrollment Application (to waive) OR Drop Form	9 (below)
Incarceration	- Dropping Spouse or Dependent who becomes incarcerated	Date incarceration begins	35 calendar days from the Event Date	End of the month of signature date	Drop Form	None

REQUIRED DOCUMENTATION

- Letter from employer, on employer's letterhead, identifying:
 - Coverage effective date
 - Name(s) of person(s) covered by the policy
- A copy of the new Health Insurance ID card(s) for each covered person, stating the coverage effective date (NOTE: Card issue date is **not** the same as the effective date)
- Divorce decree signed by judge and date stamped "filed" or "entered"
- Legal separation papers signed by judge and date stamped "filed" or "entered"
- Annulment papers signed by judge and date stamped "filed" or "entered"
- If dropping child on NMSN you must have a NMSN rescinding the previous NMSN
- Letter from employer on employer's letterhead, identifying:
 - Open Enrollment period and deadline
 - Effective Date of plan
 - Persons being added to the policy
- Copy of Medicare card (showing effective date) or Initial eligibility letter from Medicare Office
- Initial eligibility letter from Medicaid Office or Medicaid Eligibility/Termination Form signed by the Division of Medicaid Services
- QE permits change in Plan Option (Standard, Capitol Choice, and Optimum). Retiree must complete an application instead of Drop Form.

NOTES:

- Military Insurance Coverage is considered "Another Employer Plan," however; Veteran's Administration (VA) benefits are **NOT** considered "Another Employer Plan."
- E-mails, online print-outs, or hand-written letters/forms will not be accepted as Qualifying Event documentation
- All Qualifying Event Forms should be signed within 35 days of the Qualifying Event (unless otherwise stated on the QE chart)

Kentucky Teachers' Retirement System

479 Versailles Road
Frankfort, KY 40601
(502) 848-8500
(502) 573-0199 Fax



2012 DEPENDENT DROP FORM

This form must be used for any qualifying event (QE) that allows you to drop dependents from your plan. (You must complete an Enrollment Application to request other coverage election changes such as electing new coverage, option changes, new waiver or to cease a cross-reference plan.)

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Planholder's SSN


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Cross-Ref Y/N

8	5	0	0	0
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Company Number

Retiree Name (First, MI, Last) _____

To be eligible to drop a dependent from your health insurance plan, you must certify that you have experienced the QE as listed here.  By signing this form you are also certifying that you are not under any administrative order to cover the dependent(s) on your health plan.

NOTE: DEPENDENTS WILL BE DROPPED FROM YOUR PLAN AT THE END OF THE MONTH OF THE SIGNATURE DATE ON THIS FORM, BUT NOT BEFORE THE EVENT DATE.

Exceptions:

- ❖ **Death:** dependent will be dropped effective the date of death.
- ❖ **Ineligible Dependents:** ineligible dependents will be dropped from the plan at the end of the month in which they become ineligible.

Qualifying Events: (Check one)

- ☐ Divorce/Legal Separation*/Annulment* (35 Days)
- ☐ Legal Guardianship/Admin Order/Court Order*+
- ☐ Spouse/Dependent/Retiree's Death
- ☐ Dependent child becomes ineligible (35 Days)*
- ☐ Spouse/Dependent gains employer-sponsored Group Coverage* (35 Days)
- ☐ Sp/Dependent ends LWOP* (resumes coverage)
- ☐ Sp/Dep becomes eligible for Medicare* (35 Days)
- ☐ Sp/Dep becomes eligible for Medicaid* (60 Days)
- ☐ Sp/Retiree has a different open enrollment period*+
- ☐ Other _____

Qualifying Event Date (mm/dd/yy): _____

Note: SP = Spouse DEP = Dependent

*Supporting documentation required

+Refer to QE chart for rules/effective dates

PRINT the following information for each dependent to be dropped. If dropping self, you must complete an Enrollment Application.

Social Security Number	Name (First, MI, Last)	Gender (Circle One)	Date of Birth	Relationship Code **
		M F		
		M F		
		M F		
		M F		

** Relationship Code: SP = Spouse / CH = Child / CO = Court Ordered Dependent / DD = Disabled Dependent

I acknowledge and understand that DEI will comply with the HIPAA Rules and that disclosure of information will be done under the rules of such Federal law. I further authorize DEI to use such information to third party administrators, vendors, consultants, governmental authorities with jurisdiction and other necessary parties when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities.

My signature below certifies that I understand the statements on this form and that all the information provided by me is true and complete to the best of my knowledge. I understand that any person who knowingly and with intent to defraud any insurance company or other person, files this form containing any materially false information or conceals, with the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. I understand that any material misrepresentation or material omission contained herein may be used to void this contract.

Retiree Signature

Date

Retiree's Insurance Coordinator Signature

Date

Signatures are required below if changes to an existing cross-reference plan are being requested.

Spouse or Applicant Signature

Date

Spouse's Insurance Coordinator Signature

Date

